Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Lennep Elem						Meagher		0568		
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	eu between ei	ementary ar	iu riigii scriot	JI !						
Are you applying for			□ No		Stuc	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement	1	icht Manie	GCHOOL		Grade	
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stud	lent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		State	ient Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stud	lent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the		ient itame	Concor		Grade	
		In	tials		Stud	lent Name	School		Grade	
Elem District Approval HS District Approval	pproval									
County Approval		□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters	
Sheila Hauge					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly □ Both Se	mesters	
					KINI	DERGARTEN/PRE	(INDERGARTEN:			
Distance from home		l 1 / · · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 9	to nearest sc HS 0	nooi (one wa	ay)		by t	his contract:	times per day, _	day	s ner week	
•			,		To o	r from School	times per day,	day	s per week	
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kind	dergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week	
					To o	r from School	times per day,	day	s per week	
□ Contract is for o	, ,				Dog	adlines:				
Students in Each Grade Le	evel - Only include	the students to t	be covered by thi	s contract.	PAR	ENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sond original	to County Supt by Jul	ly 1 rotain a co	ny for your	
	Total	Total	Total	Total	files		to County Supt by Ju	iy i, iciaiii a co	by for your	
Regular Trans					COL	INTY SUDEDINTEN	IDENTS: Send origina	al to OPI by July	v 10 retain a	
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	, 10, letaill a	
Room & Board						RF	EIMBURSEMENT R	ATF		
							rict, county and OPI	—		
Correspondence										
Reg. Contingency						Reimbi	ursement rate is deteri	mined by		
Spec. Ed. Contin.							20-10-142, MCA.	,		
5p00. Ed. 00mm.										
Agreement between	n parent (parer	nt name)			, and	I school district (distr	rict name)		,	
(county name)			(County, hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` ,	session. The parent or guard	dian assures that a li	censed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the distar	nce reported on the contract				
transported for the	past semester.		•		·	the information accompany	•		(0)	
 This contract shall 	terminate at the en	d of the school y	ear or when the	student(s) is no long		hool, whichever occurs firs		Doto		
Elementary School Lennep Elem	DISHICT	Chair, Boa	ard of Truste	୯୪				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			1,544.	t that the arter	informet!	io truo cod accord				
Signature Description	Cuardic:		ı attes	tinat the above	intormation	is true and correct.	Data			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
White Sulphur S	Spgs H S				Meagher		0570
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Kenneth Teague Physical Address (s		only):			Pre-kindergarten/Kinder		
Filysical Address (s	sireet address	Offiy).			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 28	·	• /		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week bol-age students: days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include		e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	ly 1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT Ratrict, county and OPI	
Correspondence Reg.							
Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20 10 142, 11071.	
		1				• • • • •	
Agreement between	ı parent (pare	nt name)		County to	, and school district (dist	/	,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is in		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	ct actually occurs.	
	be computed on the				142, MCA, and the information accompan		
4. This contract shall Elementary School			rd of Truste		er enrolled in school, whichever occurs fir	ot.	Date
High School District White Sulphur Spgs		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	·	Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity
White Sulphur S	Spgs H S				Meagher		0570
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Kent Thornes Physical Address (s	troot address	only):			Pre-kindergarten/Kinde		
Filysical Address (s	sireet address	Offig).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 34	·	• /		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Jul	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT Ratict, county and OPI	
Correspondence							
Reg. Contingency					Reimb	oursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, WOA.	
Agreement between	ı parent (pare	пі пате)		County bearing	, and school district (dis	,	,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is i		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	act actually occurs.	
	be computed on the				142, MCA, and the information accompaner enrolled in school, whichever occurs fir		
Elementary School			rd of Truste		critorica in scribol, whichever occurs in	<u>3.</u>	Date
High School District White Sulphur Spgs		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
White Sulphur S	Spgs Elem					Meagher		0569	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for (If yes, please attack			□ No		Stud	lent Name	School		Grade
ISOLATION: Section :	20-10-142, MCA	A, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		□ no	tials ———		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	y 🗆 Both Se	mesters
Brenda Hull					Pre-	kindergarten/Kinderg	parten		
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home		hool (one wa	ay)		bv t	his contract:	s <u>with</u> other school-a	_	
Elementary 30	HS 0				To c To c	or from Bus Stop or from School	times per day, _ times per day, _	days days	s per week s per week
Distance from home Elementary 13	to nearest but HS 0	ıs stop, if an <u>ı</u>	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ool-age student	ts: s per week
☐ Contract is for or	ne-way only						times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	Dea	adlines: RENTS: Due to Scho	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total				v 1. retain a co	ov for vour
Regular Trans					CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t					the days when school is in	session. The parent or guard	dian assures that a lie	censed and
	, the District shall p						rincipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall	be computed on th	ne basis of the so nd of the school y	hedule establish ear or when the	ned in Section 20-10 student(s) is no long	l-142, MCA, and ger enrolled in so	the information accompany shool, whichever occurs firs	ing this contract. t.		
Elementary School White Sulphur Spgs		Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	e information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Box 202501 na, MT 59620)-2501			ue to School	2004- 2005 Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County		Legal Entity	
White Sulphur S	Spas Elem					Meagher		0569	
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between e	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)	□ No	mhursement	Studer	nt Name	School	G	Grade
rates for special circun increased rates, indivic trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	to receive pproved by the	Studer	nt Name	School	G	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Studer	nt Name	School	G	Grade
Elem District Approval		□ no	tials		Studer	nt Name	School	G	rade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester On	ly □ Both Semeste	rs
Dayna Shepher					Pre-kir	ndergarten/Kinder	garten		
Physical Address (s	treet address	only):						ly Both Semeste	rs
Distance from home Elementary 17.2 Distance from home Elementary 7.1	HS 0				Kinde by this To or f To or f Kinde To or f	rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop	times per day, times per day, times per day, s without other scho	age students also co days per w days per w cool-age students: days per w days per w	veek veek veek
Contract is for o									
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	PARE	Ilines: NTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				ly 1, retain a copy for y	your
Regular Trans						ITY CUDEDINTER	IDENTS: Cond origin	al ta ODI bu July 40 ma	.4
Spec. Ed. Trans						or your files.	NDEN 15: Send ongin	al to OPI by July 10, re	alin a
Room & Board							EIMBURSEMENT R		
Correspondence						(For dis	rict, county and OP	i use only)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
				<u>. </u>					
Agreement betweer	n parent (pare	nt name)			, and s	school district (dist	rict name)		,
(county name)				County, hereina	fter referred to	as the District(s)			
The parties agree as follow		transportation for	the student(s) t	o and from the schoo	ol or bus stop on the	e davs when school is in	session. The parent or quar	dian assures that a licensed a	and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportat	tion for the distance	e reported on the contra	ct actually occurs.	umber of days the student(s) v	
transported for the	past semester.	•	•			information accompan	•		
	terminate at the er	nd of the school y		student(s) is no long		ol, whichever occurs firs		Date	
White Sulphur Spgs	Elem	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is	true and correct.		·	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
White Sulphur S	Spgs Elem					Meagher		0569	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for (If yes, please attack			□ No		Stud	lent Name	School		Grade
ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	<u>R:</u>		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y 🗆 Both Sei	mesters
Debbi Deal					Pre-	kindergarten/Kinderg	aarten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Sei	mesters
						DERGARTEN/PREM			
Distance from home Elementary 27.6	e to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	s with other school-a	_	
Distance from home Elementary 10.6	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:
·					To c	r from Bus Stop r from School	times per day, _ times per day, _	days days	per week per week
☐ Contract is for o	• •	the students to b	ne covered by thi	s contract	Dea	adlines:			
Olddonio in Edon Olddo Ed					PAR	RENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files		to County Supt by July	y 1, retain a cop	y for your
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans						for your files.	DEIVICE Cond ongina		ro, rotair a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						D a track		at to a	
Contingency Spec. Ed. Contin.						Reimbi	rsement rate is detern 20-10-142, MCA.	nined by	
opec. Eu. Contin.									
Agreement betweer	n parent (parei	nt name)			, and	I school district (distr	ict name)		,
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).			
 The parent shall tra 	ansport or provide t					the days when school is in	session. The parent or guard	lian assures that a lic	ensed and
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the appli	cation upon certi	fication by the teacher or pr	incipal of the school of the nur	mber of days the stu	dent(s) was
 This contract shall 	terminate at the er	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany hool, whichever occurs firs	ing this contract.		
Elementary School White Sulphur Spgs		Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	e information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Со	unty		Legal Entity	
White Sulphur S	Snas Flem				М	eagher		0569	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		unty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Student	Name	School		Grade
(If yes, please attack ISOLATION: Section 2)	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement]				
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student	Name	School		Grade
Check here only if incre	•	J	ŕ	proved by the	Student	Name	School		Grade
District Trustees and th		portation Con		proved by the					
Elem District Approval		□ no			Student	Name	School		Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Only	y □ Both Ser	nesters
Denise Lopp					Pre-kind	ergarten/Kinder	raarten		
Physical Address (s	treet address	only):					□ 2nd Semester Only	y 🛛 Both Ser	mesters
					KINDER	GARTEN/PRE	KINDERGARTEN:		
Distance from home Elementary 7	e to nearest so HS 0	hool (one w	ay)		by this To or fro	contract: m Bus Stop	es <u>with</u> other school-a	days	per week
Distance from home Elementary 1	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg	arten child ride	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age student	s:
☐ Contract is for o	ne-way only						unics per day, _	days	per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	<u>Deadli</u> PAREN	nes: 「S : Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			ıl to County Supt by July	y 1, retain a cop	y for your
Regular Trans						/ CUDEDINTER	NDENTS: Cond origina	l to ODI by July	10 rotoin o
Spec. Ed. Trans						your files.	NDENTS: Send origina	ii to OPI by July	io, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	trict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-1 4 2, WOA.		
Agreement between	n parent (parei	nt name)			, and sch	ool district (dist	rict name)		······································
(county name)				County hereina	fter referred to a	e the Dietrict(e)			
The parties agree as follow		ransportation for		•			· n session. The parent or quard	ian assures that a lic	ensed and
insured driver will to	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportat	tion for the distance re	ported on the contra			
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the in	formation accompan	ying this contract.	,	• •
	terminate at the er	d of the school		student(s) is no long	er enrolled in school,			Date	
White Sulphur Spgs High School District	Elem	,	ard of Truste					Date	
I light School District		Crian, Bu	ard or riuste					Date	
			l attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk	June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County			Legal Entity
White Sulphur S	Snas Flem				Meagl	ner		0569
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County	101		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	<u> </u>			
Are you applying fo			□ No		Student Nam		School	Grade
(If yes, please attac	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	Olddon Hain	C	Concor	Grade
rates for special circum increased rates, individ					Student Nam	<u>е</u>	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	J	·	proved by the	Student Nam	е	School	Grade
District Trustees and the		sportation Com		,				
Elem District Approval HS District Approval	•	□ no □ no			Student Nam	e	School	Grade
County Approval	□ yes	□ no			THIS CONTR Grades 1-12	ACT IS FO	<u>R:</u>	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semes	ter Only	□ 2nd Semester Only	/ □ Both Semesters
Gail L. Weitz Physical Address (s	troot addraga	anh ()			Pre-kinderga			
Physical Address (s	areer address	oriiy).			☐ 1st Semes	ter Only	□ 2nd Semester Only	□ Both Semesters
							(INDERGARTEN:	ge students also covered
Distance from home Elementary 9.2	e to nearest so HS 0	chool (one wa	ıy)		by this contr	act:	· · · · · · · · · · · · · · · · · · ·	
•			,		To or from Bu	is Stop chool	times per day, _ times per day, _	days per week days per week ol-age students:
Distance from home Elementary 3.3	e to nearest bu HS 0	is stop, if any	(one way)		Kindergarter To or from Bu	n child ride us Stop	s <u>without</u> other school times per day.	ol-age students: davs per week
□ Contract is for o	ne-way only				To or from So	chool	times per day, _	days per week
Students in Each Grade L	, ,	the students to b	e covered by th	is contract.	<u>Deadlines</u>			
	Pre-K	К	1-8	9-12	PARENTS: [Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Se	end original	to County Supt by July	1, retain a copy for your
Regular Trans							DENTO 0 1 11	0011 11 40 11
Spec. Ed. Trans					copy for your		DENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimbu	rsement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement between	n parent (pare	nt name)			, and school o	listrict (distr	ict name)	
(county name)				County, hereinaf	ter referred to as the	District(s).		
	ansport or provide							an assures that a licensed and
In March and June	, the District shall p				on for the distance reported tion upon certification by the			nber of days the student(s) was
	be computed on the				42, MCA, and the informati			
Elementary School White Sulphur Spgs	District		rd of Truste		22 30.1001, 17110110			Date
High School District		Chair, Boa	rd of Truste	es				Date
			l otto-	t that the chave	nformation is touch	ad correct		
Signature - Parent or	Guardian		ı attes	t that the above i	nformation is true ar	ia correct.	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	x 202501 ı, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity
White Sulphur Sp	as Flem					Meagher		0569
High School or K-12 Dist	rict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	l between el	ementary ar	nd high school	ol?				
Are you applying for is	solation statu	us? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	. provides for	increased rein	nbursement	Stuc	dent ivallie	School	Grade
rates for special circums increased rates, individus trustees of the district, the Public Instruction. (10.7.)	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Grade
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes □		itials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Jill Galt Physical Address (stre	eet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
						DERGARTEN/PRE		
Distance from home t				Kind by t To d To d	dergarten child ride his contract: or from Bus Stop or from School	times per day,times per day,	ge students also covered days per week days per week	
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$					Kind	dergarten child ride	es without other school	ol-age students: days per week days per week
 Contract is for one 	e-way only				100		times per day, _	days per week
Students in Each Grade Leve	el - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	nol Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	\TF
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
	<u>'</u>	'						
Agreement between p	parent (parer	nt name)			, and	d school district (distr	rict name)	,
(county name)						to as the District(s).		
The parties agree as follows:		ransportation for		-			session. The parent or quardi	ian assures that a licensed and
insured driver will tran	nsport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	ion for the dista	nce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the pa 3. The payment shall be	st semester. computed on th	e basis of the so	chedule establish	ed in Section 20-10-1	142, MCA, and	the information accompany	ring this contract.	,
	minate at the en	d of the school		student(s) is no longe		chool, whichever occurs firs		Date
White Sulphur Spgs E		,						
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Signature - Parent or Guard	an				Date	
		I attest th	nat the above i	nformation is true and	d correct.	
High School District	Chair, Boa	rd of Trustees				Date
Elementary School District White Sulphur Spgs Elem		rd of Trustees				Date
(county name) The parties agree as follows: 1. The parent shall transport o insured driver will transport 2. In March and June, the Dist transported for the past sen 3. The payment shall be comp	r provide transportation for the students. Mileage contrict shall pay the parent the nester. uted on the basis of the sch	the student(s) to an aracts are valid only sum officially appropedule established	ounty, hereinaft and from the school of when transportatic coved in the application Section 20-10-14	er referred to as the I or bus stop on the days whe on for the distance reported of tion upon certification by the	n school is in session. The parent or on the contract actually occurs. teacher or principal of the school of the n accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was
Spec. Ed. Contin.					Reimbursement rate is d 20-10-142, MC	•
Reg.					Daimburgan	- Anna in a d h
Room & Board Correspondence					REIMBURSEMEN (For district, county and	
Spec. Ed. Trans				copy for your f		TDATE
Regular Trans						iginal to OPI by July 10, retain a
Pro	e-K K tal Total	1-8 Total	9-12 Total	PARENTS: D	ue to School Clerk June 1.	y July 1, retain a copy for your
☐ Contract is for one-way Students in Each Grade Level - On	•	e covered by this c	ontract.	Deadlines:		
Distance from home to nea Elementary 23.4 Distance from home to nea Elementary 14.1	HS 0 arest bus stop, if any			To or from Sch Kindergarten	s Stop times per d nool times per d child rides <u>without</u> other s	ay, days per week ay, days per week school-age students: ay, days per week ay, days per week
Distance from home t				Kindergarten	EN/PREKINDERGARTEN: child rides with other sch	ool-age students also covered
Linda (isol) Pauley Physical Address (street a	ddress only):				en/Kindergarten er Only □ 2nd Semester	Only Doth Semesters
Parent or Guardian Name:	(Please Print)			☐ 1st Semeste	er Only	Only Both Semesters
County Approval	s 🗆 no			THIS CONTRA Grades 1-12	ACT IS FOR:	
Elem District Approval □ ye	Init s □ no	ials		Student Name	School	Grade
Check here only if increased p	ayment due to isolation	has been appro	oved by the	Student Name	School	Grade
rates for special circumstance increased rates, individual circ trustees of the district, the coupublic Instruction. (10.7.116 A	s of isolation of residend sumstances must be reventy transportation comm	ce. In order to re riewed and appr nittee, and the C	eceive oved by the	Student Name	School	Grade
Are you applying for isolati (If yes, please attach explains) ISOLATION: Section 20-10-1	anation)	□ No	ursement	Student Name	School	Grade
Is this contract shared beto ☐ yes ☐ no	ween elementary and	d high school?	•			
Ţ		J				,
White Sulphur Spgs I High School or K-12 District R	Elem esponsible for Reimbur	sing the Contrac	et .	Meagh	er	0569 Legal Entity
Elementary District Responsib	le for Reimbursing the	Contract		County		Legal Entity
Helena, MT	59620-2501		Du	e to School Clerk J	une 1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	IT 59620-2501		Due to Scho	ool Clerk June 1		
Elementary District Respons	sible for Reimbursing the	Contract		County		Legal Entity
White Sulphur Spgs	Flem			Meagher		0569
High School or K-12 District	Responsible for Reimbu	rsing the Contract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	etween elementary ar	d high school?				
Are you applying for isola		□ No	Stu	dent Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10	olanation) -142, MCA, provides for	increased reimburse			3333.	3.443
rates for special circumstance increased rates, individual citrustees of the district, the conceptual construction. (10.7.116)	ces of isolation of resider ircumstances must be re ounty transportation com	nce. In order to receiviewed and approved mittee, and the Office	d by the	dent Name	School	Grade
Check here only if increased District Trustees and the Co	l payment due to isolatio	n has been approved	d by the	dent Name	School	Grade
Elem District Approval	yes □ no	tials		dent Name	School	Grade
County Approval	yes 🗆 no			S CONTRACT IS FO des 1-12	<u>)R:</u>	
Parent or Guardian Nam	e: (Please Print)			1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Linda (reg) M. Paule Physical Address (street	address only):			-kindergarten/Kinder Ist Semester Only	garten □ 2nd Semester Only	□ Both Semesters
☐ Contract is for one-was	HS 0 earest bus stop, if any HS 0 ay only	to (one way) The covered by this control Total Total	act. De PAI CLI files	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch ERKS: Send origina s. UNTY SUPERINTEN y for your files. REITS REITS REITS REITS REITS REITS	times per day,times p	days per week da
insured driver will transpo 2. In March and June, the Di transported for the past so 3. The payment shall be cor 4. This contract shall termin Elementary School Distri White Sulphur Spgs Eler	t or provide transportation for int the students. Mileage cor istrict shall pay the parent the emester. In the basis of the so ate at the end of the school	Count the student(s) to and fir tracts are valid only whe e sum officially approved thedule established in S ear or when the student ard of Trustees	y, hereinafter referred om the school or bus stop or en transportation for the dista	It to as the District(s). In the days when school is in the contralification by the teacher or put the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and other of days the student(s) was
High School District	Chair, Boa	ard of Trustees				Date
		I attest that	the above information	is true and correct.		
Signature - Parent or Guar	dian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT	59620-2501	Di	ue to School Clerk June 1	
Elementary District Responsib	ole for Reimbursing the (Contract	County	Legal Entity
White Sulphur Spgs	Flem		Meagher	0569
High School or K-12 District R	esponsible for Reimburs	sing the Contract	County	Legal Entity
Is this contract shared beter □ yes □ no	ween elementary and	I high school?	<u> </u>	·
Are you applying for isolat		□ No	Student Name Scho	ool Grade
(If yes, please attach explains ISOLATION: Section 20-10-1	anation) 42, MCA, provides for ii	ncreased reimbursement	1	3.44
rates for special circumstance increased rates, individual circ trustees of the district, the coupublic Instruction. (10.7.116 A	s of isolation of residence cumstances must be reventy transportation comm	ce. In order to receive iewed and approved by the nittee, and the Office of	Student Name Scho	ool Grade
Check here only if increased p	payment due to isolation	has been approved by the	Student Name Scho	pol Grade
Elem District Approval	Initi	als	Student Name Scho	ool Grade
County Approval	es 🗆 no		THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name	: (Please Print)		☐ 1st Semester Only ☐ 2nd Se	emester Only Both Semesters
Martha Loerger Physical Address (street a	ddress only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Se	emester Only Both Semesters
Contract is for one-way Students in Each Grade Level - On	HS 0 arest bus stop, if any HS 0 y only	(one way)	by this contract: To or from Bus Stop time To or from School time Kindergarten child rides without To or from Bus Stop time To or from School time Deadlines: PARENTS: Due to School Clerk Ju CLERKS: Send original to County files. COUNTY SUPERINTENDENTS: Scopy for your files. REIMBURS (For district, county) Reimbursement re	es per day, days per week es per day, days per week other school-age students: es per day, days per week es per day, days per week es per day, days per week
insured driver will transport In March and June, the Dist transported for the past sen The payment shall be comp This contract shall terminat Elementary School District White Sulphur Spgs Elem	r provide transportation for the students. Mileage contrict shall pay the parent the nester. Duted on the basis of the scheat the end of the school yet Chair, Boar	County, hereina the student(s) to and from the schoo acts are valid only when transportat sum officially approved in the applic medule established in Section 20-10- are or when the student(s) is no long and of Trustees	, and school district (district name)_ fiter referred to as the District(s). of or bus stop on the days when school is in session. The tion for the distance reported on the contract actually occu- action upon certification by the teacher or principal of the se- 142, MCA, and the information accompanying this contra- ter enrolled in school, whichever occurs first.	parent or guardian assures that a licensed and urs. school of the number of days the student(s) was lect.
High School District	Chair, Boar	d of Trustees		Date
	<u> </u>	I attest that the above	information is true and correct.	
Signature - Parent or Guard	ian		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT	59620-2501	D	Oue to School Clerk June 1				
Elementary District Responsib	le for Reimbursing the	Contract	County		Legal Entity		
White Sulphur Spgs I	-lem		Meagher		0569		
High School or K-12 District R	esponsible for Reimbur	sing the Contract	County		Legal Entity		
Is this contract shared beto ☐ yes ☐ no	ween elementary and	d high school?	<u> </u>				
Are you applying for isolati		□ No	Student Name	School	Grade		
(If yes, please attach explain ISOLATION: Section 20-10-1	anation) 42. MCA. provides for i	ncreased reimbursement		GC11001	Clade		
rates for special circumstance: increased rates, individual circ trustees of the district, the cou Public Instruction. (10.7.116 A	s of isolation of residen umstances must be rev nty transportation comr	ce. In order to receive riewed and approved by the nittee, and the Office of	Student Name	School	Grade		
Check here only if increased p District Trustees and the Cour	ayment due to isolation	has been approved by the	Student Name	School	Grade		
Elem District Approval	Init s □ no	ials	Student Name	School	Grade		
County Approval	s 🗆 no		THIS CONTRACT IS FO	<u>)R:</u>			
Parent or Guardian Name:	(Please Print)		☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Michael R. Dupea Physical Address (street a	ddress only):		Pre-kindergarten/Kinderg		y □ Both Semesters		
Distance from home to near Elementary 0 HS (Contract is for one-way Students in Each Grade Level - On	arest bus stop, if any or only ly include the students to be	e covered by this contract. 1-8 9-12 Total Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,times p	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a ATE use only)		
insured driver will transport In March and June, the Distitations of the past sem The payment shall be comp This contract shall terminate Elementary School District White Sulphur Spgs Elem	r provide transportation for the students. Mileage contrict shall pay the parent the lester. uted on the basis of the scheet at the end of the school year.	County, hereina the student(s) to and from the scho racts are valid only when transports sum officially approved in the appli- nedule established in Section 20-10 ear or when the student(s) is no lon rd of Trustees	after referred to as the District (district (s). after referred to as the District(s). ool or bus stop on the days when school is in ation for the distance reported on the contractication upon certification by the teacher or production. MCA, and the information accompany tiger enrolled in school, whichever occurs first	session. The parent or guardict actually occurs. rincipal of the school of the nun	ian assures that a licensed and inber of days the student(s) was		
High School District	Chair, Boa	Chair, Board of Trustees Date					
	<u> </u>	I attest that the above	e information is true and correct.		•		
Signature - Parent or Guardi	an			Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
White Sulphur S	Spgs Elem					Meagher		0569
High School or K-12 D	istrict Responsil	ole for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attaction: Section	h explanation))	□ No	nhuraamant	Stud	ent Name	School	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residenc ces must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no □ no	als		Stuc	ent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Richard Weitz Physical Address (street address only):					kindergarten/Kinder			
Physical Address (s	areer address	orily).				·		lly Both Semesters
Distance from home Elementary 11.3 Distance from home Elementary 4.2 Contract is for o Students in Each Grade Lower Trans Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	s contract. 9-12 Total	Kind by the To of To of Kind To of T	his contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE	times per day, times per day, times per day, s without other sche times per day,	days per week days per week 1 1 1, retain a copy for your al to OPI by July 10, retain a EATE I use only)
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ansport or provide ransport the stude , the District shall p past semester. be computed on the terminate at the er District s Elem	transportation for the state of the same transportation for the same transport the same basis of the scheme transport to the same transport transport transport transport transport transport transport transport transport	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportati pproved in the applice and in Section 20-10-1 student(s) is no longe	or bus stop on on for the distantation upon certil	nce reported on the contract	session. The parent or guar tactually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was Date Date
			I attes	t that the above	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 5		Di	ue to School Clerk June 1				
Elementary District Responsible	for Reimbursing the C	ontract	County		Legal Entity		
White Sulphur Spgs Ele	≏m		Meagher		0569		
High School or K-12 District Res	ponsible for Reimbursi	ing the Contract	County		Legal Entity		
Is this contract shared betwe □ yes □ no	en elementary and	high school?					
Are you applying for isolation		□ No	Student Name	School	Grade		
(If yes, please attach explana ISOLATION: Section 20-10-142	ation) , MCA, provides for in	creased reimbursement		3333.	3.443		
rates for special circumstances of increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARM)	f isolation of residence estances must be revie transportation commi	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name	School	Grade		
Check here only if increased pay District Trustees and the County	ment due to isolation l	has been approved by the	Student Name	School	Grade		
Elem District Approval yes HS District Approval yes	Initia □ no □ no	<u> </u>	Student Name	School	Grade		
County Approval yes Parent or Guardian Name: (F	no		THIS CONTRACT IS FOR Grades 1-12	<u> </u>			
	riease Fillit)		☐ 1st Semester Only	☐ 2nd Semester Only	☐ Both Semesters		
Rick & Brenda Nelson Physical Address (street add	ress only):		Pre-kindergarten/Kinderga □ 1st Semester Only		□ Both Semesters		
Distance from home to neare Elementary 3 HS 0 Distance from home to neare Elementary 1.5 HS 0 Contract is for one-way of Students in Each Grade Level - Only in Pre-Frota Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	est bus stop, if any (nly nclude the students to be	(one way)	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original tiles. COUNTY SUPERINTENE copy for your files. REI (For distri	times per day, times per day, times per day, s without other school times per day, times per day, times per day, ol Clerk June 1.	days per week ol-age students:		
insured driver will transport the In March and June, the District transported for the past semes The payment shall be compute This contract shall terminate at Elementary School District White Sulphur Spgs Elem	ovide transportation for the students. Mileage contrashall pay the parent the ster. do on the basis of the schetche end of the school year Chair, Board	County, hereinate student(s) to and from the school cits are valid only when transportation officially approved in the application setule established in Section 20-10-ar or when the student(s) is no longed of Trustees	fter referred to as the District(s). If or bus stop on the days when school is in sion for the distance reported on the contract ation upon certification by the teacher or print 142, MCA, and the information accompanying er enrolled in school, whichever occurs first.	session. The parent or guardia actually occurs. acipal of the school of the num	an assures that a licensed and		
High School District	Chair, Board	Chair, Board of Trustees Date					
		I attest that the above	information is true and correct.		·		
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to School	Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		С	ounty	<u> </u>	Legal Entity	
White Sulphur S	Spgs Elem				N	/leagher		0569	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Conf	tract		county		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Studen	t Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for	increased rein	mbursement					
increased rates, individ trustees of the district,	lual circumstand	ces must be re	viewed and a	oproved by the	Studen	t Name	School		Grade
Public Instruction. (10.7				e Office of	Studon	t Name	Cohool		Crado
Check here only if incre District Trustees and th				proved by the	Studen	it Name	School		Grade
Elem District Approval	□ yes	□ no	itials		Studen	t Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS C	CONTRACT IS FO	DR:		
Parent or Guardian		e Print)			Grades	s 1-12 Semester Only	☐ 2nd Semester Onl	v □ Both Se	emesters
Sheila Hauge						idergarten/Kinder		,	
Physical Address (st	treet address	only):					□ 2nd Semester Onl	y 🛘 Both Se	mesters
							(INDERGARTEN:		
Distance from home	to nearest so	hool (one w	ay)			garten child ride contract:	es with other school-	age students a	Iso covered
Elementary 0	HS 0				To or f	rom Bus Stop	times per day, _	day	s per week s per week
Distance from home Elementary 10	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinder To or fi	garten child ride	times per day, _es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or fi	rom School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.		lines: NTS: Due to Scho	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER		to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						TY SUPERINTEN or your files.	IDENTS: Send origina	al to OPI by July	y 10, retain a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	ı parent (pareı	nt name)			, and so	chool district (distr	rict name)		,
(county name) The parties agree as follow	vs:			County, hereinaf	fter referred to	as the District(s).			
insured driver will tr	ransport the stude	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distance	reported on the contract			
transported for the	past semester.	, .	•			tion by the teacher or pi information accompany	rincipal of the school of the nu	mber of days the stu	iuent(s) was
	terminate at the er	nd of the school		student(s) is no longe		ol, whichever occurs firs		Date	
White Sulphur Spgs	White Sulphur Spgs Elem								
riigii School District	High School District Chair, Board of Trustees Date								
			I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	e to School	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
White Sulphur S	nas Flem					Meagher		0569	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conti	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for	isolation statu	us? □ Yes	□ No		Stud	ent Name	School	Grade	-
(If yes, please attach ISOLATION: Section 2	explanation)	nrovides for	increased reim	hursement	Sido	ent Name	School	Grade	;
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	receive proved by the	Stud	ent Name	School	Grade	· ;
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval HS District Approval	□ yes		itials		Stud	ent Name	School	Grade	;
County Approval	□ yes	no				S CONTRACT IS FO les 1-12	OR:		
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters	
Tina Brandt Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
Distance from home Elementary 26 Distance from home Elementary 1 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 0 to nearest bu HS 0	hool (one wa	y (one way)	s contract. 9-12 Total	KINII Kinc by ti To o To o Kinc To o Par CLE files.	DERGARTEN/PREP lergarten child ride nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE	times per day,	days per week days per week ol-age students: days per week	
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. be computed on the eminate at the en District	ransportation for this. Mileage corray the parent the basis of the school Chair, Boa	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft and from the school only when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the distan ation upon certif 42, MCA, and the	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nuiting this contract.	ian assures that a licensed and inber of days the student(s) was Date Date	
Signature Perent	Guardian		I attest	that the above i	information	is true and correct.	Date		_
Signature - Parent or	Guardian						Date		

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

<u> </u>	_	1	-1	_
l .n	ın	Tra	CT	I

Office of Public Instruction PO Box 202501 Helena, MT 59620-2501	S	chool Year 2004- 2005 e to School Clerk June 1	contract "			
Elementary District Responsible for Reimbursing the C	Contract	County	Legal Entity			
White Sulphur Spgs Elem		Meagher	0569			
High School or K-12 District Responsible for Reimburs	ing the Contract	County	Legal Entity			
White Sulphur Spgs H S		Meagher	0570			
Is this contract shared between elementary and ☐ yes ☐ no	high school?					
Are you applying for isolation status? ☐ Yes (If yes, please attach explanation)	□ No	Student Name School	Grade			
ISOLATION: Section 20-10-142, MCA, provides for ir rates for special circumstances of isolation of residenc increased rates, individual circumstances must be revitrustees of the district, the county transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name School	Grade			
Check here only if increased payment due to isolation District Trustees and the County Transportation Comn	has been approved by the	Student Name School	Grade			
Initi Elem District Approval □ yes □ no HS District Approval □ yes □ no		Student Name School	Grade			
County Approval		THIS CONTRACT IS FOR: Grades 1-12				
·		☐ 1st Semester Only ☐ 2nd Semester O	only Both Semesters			
Bruce & Deborah Golberg Physical Address (street address only):		Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1st Semester Only 2 Ind Semester O	illy both semesters			
Distance from home to nearest school (one way Elementary 0 HS 28 Distance from home to nearest bus stop, if any Elementary 0 HS 11.5	•	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other schoo by this contract: To or from Bus Stop times per day To or from School times per day Kindergarten child rides without other scl To or from Bus Stop times per day To or from School times per day	days per week			
□ Contract is for one-way only			,			
Students in Each Grade Level - Only include the students to be	covered by this contract.	Deadlines: PARENTS: Due to School Clerk June 1.				
Pre-K K	1-8 9-12 Total Total					
Total Total	Total Total	CLERKS: Send original to County Supt by J files.	luly 1, retain a copy for your			
Regular Trans Spec. Ed. Trans		COUNTY SUPERINTENDENTS: Send origicopy for your files.	nal to OPI by July 10, retain a			
Room & Board		REIMBURSEMENT	RATE			
Correspondence		(For district, county and OI	PI use only)			
Reg. Contingency		Reimbursement rate is dete	ermined by			
Spec. Ed. Contin.		20-10-142, MCA.				
·						
Agreement between parent (parent name)		, and school district (district name)	,			
(county name)	County hereinaft	er referred to as the District(s).				
The parties agree as follows: 1. The parent shall transport or provide transportation for t	ne student(s) to and from the school of	or bus stop on the days when school is in session. The parent or gu	ardian assures that a licensed and			
In March and June, the District shall pay the parent the		on for the distance reported on the contract actually occurs. tion upon certification by the teacher or principal of the school of the	number of days the student(s) was			
		42, MCA, and the information accompanying this contract.				
4. This contract shall terminate at the end of the school ye Elementary School District Chair, Boar White Sulphur Spgs Elem	ar or when the student(s) is no longer d of Trustees	r enrollea in school, whichever occurs first.	Date			
			•			

High School District Chair, Board of Trustees Date White Sulphur Spgs H S I attest that the above information is true and correct. Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

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Co	nt	ro	^ +	-

	Box 202501 na, MT 59620)-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	eimbursing the (Contract		(County	<u> </u>	Legal Entity	
White Sulphur S	Spgs Elem				r	Meagher		0569	
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Cont	ract	(County		Legal Entity	
White Sulphur S					ľ	Meagher		0570	
ls this contract share □ yes □ no	ed between e	lementary and	d high school	ol?					
Are you applying for	r isolation stat	us? 🗆 Yes	□ No		Studer	nt Name	School	Grade	
(If yes, please attac	h explanation) A, provides for i	ncreased reir	nbursement	Studen	it ivanic	301001	Grade	
rates for special circum increased rates, individual trustees of the district,	nstances of isolo dual circumstand the county trans	ation of resident ces must be rev sportation comn	ce. In order to riewed and appointed, and the	o receive oproved by the	Studer	nt Name	School	Grade	
Public Instruction. (10.	·	, and the second	ŕ		Studer	nt Name	School	Grade	
Check here only if incre District Trustees and the		sportation Comr	mittee.	proved by the					
Elem District Approval		Initi □ no			Studer	nt Name	School	Grade	
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	☐ 2nd Semester Only	y	
Connie Schmock				Pre-kir	ndergarten/Kinder	garten			
Physical Address (s	treet address	only):						y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 31 e to nearest bu HS 5 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinde by this To or f To or f Kinde To or f To or f To or f Counter CLER files.	rgarten child rides contract: rom Bus Stop rom School rgarten child ride rom Bus Stop rom School Illines: NTS: Due to Sch KS: Send origina TY SUPERINTER or your files.	times per day,times per day, es without other schotimes per day, times per day, ool Clerk June 1. I to County Supt by July	days per week da	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on ti	transportation for this. Mileage contropay the parent the	the student(s) to racts are valid of sum officially a	County, hereinaft of and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the on for the distance ation upon certifica 42, MCA, and the	reported on the contra	n session. The parent or guard ct actually occurs. rincipal of the school of the nur ying this contract.	ian assures that a licensed and mber of days the student(s) was	
Elementary School White Sulphur Spgs	District		rd of Truste					Date	
High School District		Chair, Boar	rd of Truste	es				Date	
White Sulphur Spgs	по		l attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	0-2501		Due to School Clerk June 1				
Elementary District Re	sponsible for R	eimbursing the (Contract		County	,		Legal Entity
White Sulphur S	Spgs Elem				Meag	gher		0569
High School or K-12 D	istrict Responsi	ble for Reimburs	sing the Con	tract	County	,		Legal Entity
White Sulphur S					Meag	gher		0570
Is this contract shar ☐ yes ☐ no	ed between e	lementary and	d high scho	ol?				
Are you applying for (If yes, please attac ISOLATION: Section rates for special circun	h explanation 20-10-142, MC) A, provides for i	□ No	mbursement	Student Na	_	School	Grade
increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstan the county tran	ces must be rev sportation comn	iewed and ap nittee, and th	oproved by the	Student Na		School	Grade
Check here only if incr District Trustees and the		sportation Comr	nittee.	proved by the	Student Name School Grade			Grade
Elem District Approval HS District Approval		□ no			Student Na	me	School	Grade
County Approval	□ yes	□ no			THIS CONT Grades 1-12	RACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	se Print)			☐ 1st Seme		□ 2nd Semester On	ly Doth Semesters
Gretchen Rader Physical Address (street address only):					arten/Kinder			
Physical Address (s	areet address	only):			□ 1st Seme	ester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 21	·			Kindergarte by this con To or from B To or from S Kindergarte To or from B	en child ride tract: Bus Stop School en child ride Bus Stop	times per day, times per day, times per day, es without other scho times per day,	days per week days per week days per week bol-age students: days per week days per week days per week
□ Contract is for o							unics per day,	days per week
Students in Each Grade Lo	evel - Only include		covered by th	is contract.	<u>Deadline</u> PARENTS:	<u>S:</u> Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: S	Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans					COUNTY S	UPERINTEN	NDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for yoι Γ			
Room & Board Correspondence							EIMBURSEMENT R trict, county and OP	
Reg.						Poimb	ursement rate is deter	minod by
Contingency Spec. Ed. Contin.						Kelilib	20-10-142, MCA.	mined by
Agreement betweer	n parent (pare	nt name)			, and school	district (dist	rict name)	,
(county name)				County, hereinaf	ter referred to as th	ne District(s)		
insured driver will t	ansport or provide ransport the stude	nts. Mileage contr	racts are valid	only when transportation	on for the distance report	ed on the contra	ct actually occurs.	dian assures that a licensed and umber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on t	he basis of the sch	edule establish	ned in Section 20-10-1	42, MCA, and the inform	ation accompan	ying this contract.	
Elementary School	District	chair, Boar			er enrolled in school, which	hever occurs fire	st.	Date
White Sulphur Spgs High School District	Elem	Chair, Boar	rd of Truste	es				Date
White Sulphur Spgs								
Signature Barent er	Guardian		I attes	t that the above	information is true	and correct.	Date	
Signature - Parent or	Juai Ulafi						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Ringling Elem						Meagher		0574
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	nstances of isola lual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Edward Kiff Physical Address (st	treet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 7	to nearest so	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home Elementary 7	to nearest bu HS 0	ıs stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students: days per week days per week
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	ATF
Correspondence						(For dist	rict, county and OPI	use only)
_								
Reg. Contingency						Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parei	nt name)			. and	d school district (dist	rict name)	_
	(p a a						,	······································
(county name) The parties agree as follow		rononartation fo		-		to as the District(s).	and the person or superdi	ion accuracy that a licensed and
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	ion for the dista	nce reported on the contract	ct actually occurs.	ian assures that a licensed and mber of days the student(s) was
transported for the	past semester.				•	the information accompany	•	mber or days the Student(S) Was
 This contract shall t 	terminate at the er	d of the school	year or when the	student(s) is no longe		chool, whichever occurs firs		Data
Elementary School I Ringling Elem								
High School District		Chair, Boa	Board of Trustees Date					
			l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	